

SOUTH GEORGIA POLICE ACADEMY

Bowen Hall, Room 106
ABAC 49, 2802 Moore Highway
Tifton, GA 31794-2601

Telephone 229-386-3606 Fax Phone 229-386-7246

Student Authorization Form

FOR SGPA OFFICE USE ONLY

Entered By: _____

AGENCY INFORMATION**COURSE INFORMATION***Please print or type all agency information*

(1) Agency: _____

(2) Agency PIN #: _____
(GPSTC Dept. Code)

(3) Address: _____

(4) City: _____

(5) State: _____ Zip: _____

(6) Agency Phone #: _____

(7) Training Officer Phone #: _____

(8) Agency Head (or designee): _____

(9) Type of Agency: ☐ Government: ☐ Subscription
☐ Municipal ☐ State ☐ Private Corporation
☐ County ☐ Federal ☐ Profit ☐ Non-Profit (under IRS provisions)
☐ Out-of-State ☐ Private Citizen

(10) SGPA Course Number: _____

(11) Course Title: _____

(12) Dates: _____

Agency FAX Number (required)*Only three (3) students per agency should be listed, in order of acceptance priority.*

	Student #1	Student #2	Student #3
(13) Name:			
(14) SSN:			
(15) Sex:			
(16) Certification #:			
(17) Certification Date:			
(18) Certification Type:			
(19) Date of Birth:			
(20) Date joined agency:			
(21) Rank:			
(22) Current Assignment:			

WAIT LISTED STUDENTS - If placed on the waiting list, students can not be registered for any other class with the same title NOR any class that starts or ends during the same period. The waiting list is for this class only. If the student is not selected for this class before the start date, the application will be cancelled.

AUTHORIZATION

By the signature below, I certify that I am the agency head or designee and that all of the above named applicants meet the minimum course prerequisites listed in the course description.

Agency Head (or Designee) (Type or print)

Title: _____

Date: _____

Signature**REGISTRATION STATUS**_____
You have been accepted to attend this course.
In the event you are unable to attend, contact the SGPA ASAP to cancel your registration._____
This class is FULL.
It will be offered at a later date. Please continue to check our web site._____
Supervisor's signature is required.